IPDR6702	2			NORTH CAROLINA					PAGE:
RUN DATE	E: 04/08/2007			IPRS CHECKWRITE SUMMARY REPO CHECKWRITE DATE: 04/10/200					
				FINANCIAL PAYER: NCDMH	1				
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL	TOTAL	
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID	
3404901	SMOKY MOUNTAINM H/DD/SAS	8505	4477	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET					
		8800	572	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON	27	5729	5729	0	
				FUTURE RA'S.					
		3411	267	PROVIDER TYPE AND SPECIALTY 07					
		5411	207	4/113 CANNOT BILL ENHANCED					_
				BENEFIT SERVICES ON OR AFTER D					
3404904	WESTERN HIGHLAN DS LME	8505	1623	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET					
		8533	86	SERVICE FACILITY LOCATION CANN	0	1970	6609	4639	
				OT BE AN ATTENDING PROVIDER					
				IDENTIFIED AS AN INDIVIDUAL.					_
-		8654	58	ONLY 16 UNITS ALLOWED PER DAY					
				WITHOUT PRIOR APPROVAL. PLEASE CORRECT THE					
3404910	PATHWAYS	21	265	DUPLICATE OF CLAIM-SYSTEM					
		8599	224	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	60	999	8748	7598	
		11	139	CLIENT NOT ELIGIBLE ON SERVICE					
				DATE					
3404912	armrina accommuni	8599	99	DETAIL NOT COVERED BY COMBINAT					
3404912	CATAWBA COUNTYM ENTAL HEALT	6377	22	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.					
				BENEFII FACRAGE.					
		8537	2	PROCEDURE IS NOT PAYABLE FOR Y	0	104	4283	4179	
				OUR PROVIDER TYPE AND SPECIALTY IN ACCORDANCE TO MEN					
		4807	1	SERVICE DENIED. UNIT LIMITATIO N HAS BEEN EXCEEDED FOR THIS SERVICE					
3404913	MECKLENBURG COM ENTAL HEALT	8599	803	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.					
		23	561	SERVICE REQUIRES PRIOR APPROVA	38	3408	4580	1172	
				P -					
		79	530	THIS SERVICE IS NOT PAYABLE TO					
		-		YOUR SUBMITTED BILLING					
				PROVIDER TYPE AND SPECIALTY IN					
3404916	CROSSROADS BEHA	79	67	THIS SERVICE IS NOT PAYABLE TO					
	VIORAL HEAL			YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN	·				
		+							
		143	23	CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE	0	194	9671	9477	
		8518	21	CLAIM DENIED, SUBMITTED BEYOND					
-				FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE					
		+							
3404917	CENTERPOINT HUM AN SERVICES	11	183	CLIENT NOT ELIGIBLE ON SERVICE DATE					
		8505	148	CLAIM DENIED DUE TO INSUFFICIE	0	563	3112	2549	
		0303	110	NT BUDGET	0	263	3112	2349	
									_
		8599	88	DETAIL NOT COVERED BY COMBINAT					
	1			ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.					_
		1							

							TOTAL	TOTAL	
PROVIDER		HIGH DENIAL	NUMBER OF	PROGRAMMAN	TNC	TOTAL		CLAIMS	
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID	
3404919	GUILFORD CO MEN	8599	90	DETAIL NOT COVERED BY COMBINAT					
	TAL HEALTHC			ION OF RECIPIENT, PROVIDER AND					
				BENEFIT PACKAGE.					
		11	23	CLIENT NOT ELIGIBLE ON SERVICE	7	175	265	90	
				DATE					
		191	18	CLIENT ID NUMBER DOES NOT MATC					
				H PATIENT NAME					
3404920	ALAMANCE CASWEL	8505	2736	CLAIM DENIED DUE TO INSUFFICIE					
	L AREA MH D			NT BUDGET					
		11	114	CLIENT NOT ELIGIBLE ON SERVICE	0	2870	2899	29	
				DATE					
		8800	19	FURTHER PROCESSING NECESSARY,					
		0000		PLEASE CHECK FOR CLAIM ON					
				FUTURE RA'S.					
3404921	ORANGE PERSON C	5312	1990	PRIOR AUTHORIZED DOLLARS EXCEE					
-101741	HATHAM AREA	3312	2220	DED DOLLARS EXCEE					
		7001	223	EXCEEDS THE ONE PER DAY LIMITA	0	3043	6052	3009	
		7001	223	TION	0	3043	6052	3009	
		21	150	DUDY TORME OF OUR TWO CHORNEY					
<u> </u>		21	150	DUPLICATE OF CLAIM-SYSTEM					
			1						
3404922	THE DURHAM CENT	8505	2856	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET					
	ER			NI BUDGEI					
		8800	455	FURTHER PROCESSING NECESSARY,	28	3623	5090	1467	
				PLEASE CHECK FOR CLAIM ON FUTURE RA'S.					
		21	133	DUPLICATE OF CLAIM-SYSTEM					
<u> </u>									
3404923	FIVE COUNTY MH	21	137	DUPLICATE OF CLAIM-SYSTEM					
3404923	FIVE COUNTY MH	21	137	DUPLICATE OF CLAIM-SYSTEM					
3404923	FIVE COUNTY MH	21	137	DUPLICATE OF CLAIM-SYSTEM					
3404923	FIVE COUNTY MH	21	137		0	395	3353	2958	
3404923	FIVE COUNTY MH			DUPLICATE OF CLAIM-SYSTEM CLIENT NOT ELIGIBLE ON SERVICE DATE	0	395	3353	2958	
3404923	FIVE COUNTY MH			CLIENT NOT ELIGIBLE ON SERVICE	0	395	3353	2958	
3404923	FIVE COUNTY MH	11		CLIENT NOT ELIGIBLE ON SERVICE DATE	0	395	3353	2958	
3404923	FIVE COUNTY MH		133	CLIENT NOT ELIGIBLE ON SERVICE DATE ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT	0	395	3353	2958	
3404923	FIVE COUNTY MH	11	133	CLIENT NOT ELIGIBLE ON SERVICE DATE ATTENDING PROVIDER TYPE AND SP	0	395	3353	2958	
		11 8536	133	CLIENT NOT ELIGIBLE ON SERVICE DATE ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT	0	395	3353	2958	
3404923	FIVE COUNTY MH SANDHILLS CENTE R FOR MH/DD	11	133	CLIENT NOT ELIGIBLE ON SERVICE DATE ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR	0	395	3353	2958	
	SANDHILLS CENTE	11 8536	133	CLIENT NOT ELIGIBLE ON SERVICE DATE ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR CLAIM DENIED DUE TO INSUFFICIE	0	395	3353	2958	
	SANDHILLS CENTE	8536 8505	133	CLIENT NOT ELIGIBLE ON SERVICE DATE ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR CLAIM DENIED DUE TO INSUFFICIE NT BUDGET					
	SANDHILLS CENTE	11 8536	133	CLIENT NOT ELIGIBLE ON SERVICE DATE ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR CLAIM DENIED DUE TO INSUFFICIE NT BUDGET DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND	24		7166	2958	
	SANDHILLS CENTE	8536 8505	133	CLIENT NOT ELIGIBLE ON SERVICE DATE ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR CLAIM DENIED DUE TO INSUFFICIE NT BUDGET					
	SANDHILLS CENTE	8536 8505	133 30 1077	CLIENT NOT ELIGIBLE ON SERVICE DATE ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR CLAIM DENIED DUE TO INSUFFICIE NT BUDGET DETAIL NOT COVERED BY COMBINAT TON OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.					
	SANDHILLS CENTE	8536 8505	133	CLIENT NOT ELIGIBLE ON SERVICE DATE ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR CLAIM DENIED DUE TO INSUFFICIE NT BUDGET DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND					
	SANDHILLS CENTE	8536 8505	133 30 1077	CLIENT NOT ELIGIBLE ON SERVICE DATE ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR CLAIM DENIED DUE TO INSUFFICIE NT BUDGET DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLAIM DENIED. TREATMENT HAS B					
3404925	SANDHILLS CENTE R FOR MH/DD	8536 8505 8599	133 30 1077 160	CLIENT NOT ELIGIBLE ON SERVICE DATE ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR CLAIM DENIED DUE TO INSUFFICIE NT BUDGET DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLAIM DENIED. TREATMENT HAS B EEN RENDERED BY ANOTHER PROVIDER FOR THIS DATE					
	SANDHILLS CENTE	8536 8505	133 30 1077	CLIENT NOT ELIGIBLE ON SERVICE DATE ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR CLAIM DENIED DUE TO INSUFFICIE NT BUDGET DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLAIM DENIED. TREATMENT HAS B EEN RENDERED BY					
3404925	SANDHILLS CENTE R FOR MH/DD	8536 8505 8599	133 30 1077 160	CLIENT NOT ELIGIBLE ON SERVICE DATE ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR CLAIM DENIED DUE TO INSUFFICIE NT BUDGET DETAIL NOT COVERED BY COMBINAT TON OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLAIM DENIED. TREATMENT HAS B EEN RENDERED BY ANOTHER PROVIDER FOR THIS DATE DETAIL NOT COVERED BY COMBINAT					
3404925	SANDHILLS CENTE R FOR MH/DD	8536 8505 8599 1588	133 30 1077 160	CLIENT NOT ELIGIBLE ON SERVICE DATE ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR CLAIM DENIED DUE TO INSUFFICIE NT BUDGET DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLAIM DENIED, TREATMENT HAS B EERN RENDERED BY ANOTHER PROVIDER FOR THIS DATE DETAIL NOT COVERED BY COMBINAT TON OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	24	1929	7166	5237	
3404925	SANDHILLS CENTE R FOR MH/DD	8536 8505 8599	133 30 1077 160	CLIENT NOT ELIGIBLE ON SERVICE DATE ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR CLAIM DENIED DUE TO INSUFFICIE NT BUDGET DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLAIM DENIED. TREATMENT HAS B EEN RENDERED BY ANOTHER PROVIDER FOR THIS DATE DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLENT NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.		1929	7166		
3404925	SANDHILLS CENTE R FOR MH/DD	8536 8505 8599 1588	133 30 1077 160	CLIENT NOT ELIGIBLE ON SERVICE DATE ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR CLAIM DENIED DUE TO INSUFFICIE NT BUDGET DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLAIM DENIED, TREATMENT HAS B EERN RENDERED BY ANOTHER PROVIDER FOR THIS DATE DETAIL NOT COVERED BY COMBINAT TON OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	24	1929	7166	5237	
3404925	SANDHILLS CENTE R FOR MH/DD	8536 8505 8599 1588	133 30 1077 160 133 243	CLIENT NOT ELIGIBLE ON SERVICE DATE ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR CLAIM DENIED DUE TO INSUFFICIE NT BUDGET DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLAIM DENIED. TREATMENT HAS B EEN RENDERED BY ANOTHER PROVIDER FOR THIS DATE DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLIENT NOT ELIGIBLE ON SERVICE DATE	24	1929	7166	5237	
3404925	SANDHILLS CENTE R FOR MH/DD	8536 8505 8599 1588	133 30 1077 160	CLIENT NOT ELIGIBLE ON SERVICE DATE ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR CLAIM DENIED DUE TO INSUFFICIE NT BUDGET DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLAIM DENIED. TREATMENT HAS B EEN RENDERED BY ANOTHER PROVIDER FOR THIS DATE DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLENT NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	24	1929	7166	5237	
3404925	SANDHILLS CENTE R FOR MH/DD	8536 8505 8599 1588	133 30 1077 160 133 243	CLIENT NOT ELIGIBLE ON SERVICE DATE ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR CLAIM DENIED DUE TO INSUFFICIE NT BUDGET DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLAIM DENIED. TREATMENT HAS B EEN RENDERED BY ANOTHER PROVIDER FOR THIS DATE DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLIENT NOT ELIGIBLE ON SERVICE DATE	24	1929	7166	5237	
3404925	SANDHILLS CENTE R FOR MH/DD	8536 8505 8599 1588	133 30 1077 160 133 243	CLIENT NOT ELIGIBLE ON SERVICE DATE ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR CLAIM DENIED DUE TO INSUFFICIE NT BUDGET DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLAIM DENIED. TREATMENT HAS B EEN RENDERED BY ANOTHER PROVIDER FOR THIS DATE DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLIENT NOT ELIGIBLE ON SERVICE DATE	24	1929	7166	5237	
3404925	SANDHILLS CENTE R FOR MH/DD SOUTHEASTERN RE G MENTAL HL CUMBERLAND CO M	8536 8505 8599 1588	133 30 1077 160 133 243	CLIENT NOT ELIGIBLE ON SERVICE DATE ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR CLAIM DENIED DUE TO INSUFFICIE NT BUDGET DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLAIM DENIED. TREATMENT HAS B EEN RENDERED BY ANOTHER PROVIDER FOR THIS DATE DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLIENT NOT ELIGIBLE ON SERVICE DATE DUPLICATE OF CLAIM-SYSTEM	24	1929	7166	5237	
3404925	SANDHILLS CENTE R FOR MH/DD SOUTHEASTERN RE G MENTAL HL	11 8536 8505 8599 1588 8599	133 30 1077 160 133 243 149	CLIENT NOT ELIGIBLE ON SERVICE DATE ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR CLAIM DENIED DUE TO INSUFFICIE NT BUDGET DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLAIM DENIED. TREATMENT HAS B EEN RENDERED BY ANOTHER PROVIDER FOR THIS DATE DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLIENT NOT ELIGIBLE ON SERVICE DATE DUPLICATE OF CLAIM-SYSTEM DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND	24	1929	7166	5237	
3404925	SANDHILLS CENTE R FOR MH/DD SOUTHEASTERN RE G MENTAL HL CUMBERLAND CO M	11 8536 8505 8599 1588 8599	133 30 1077 160 133 243 149	CLIENT NOT ELIGIBLE ON SERVICE DATE ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR CLAIM DENIED DUE TO INSUFFICIE NT BUDGET DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLAIM DENIED. TREATMENT HAS B EEN RENDERED BY ANOTHER PROVIDER FOR THIS DATE DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLIENT NOT ELIGIBLE ON SERVICE DATE DUPLICATE OF CLAIM-SYSTEM	24	1929	7166	5237	
3404925	SANDHILLS CENTE R FOR MH/DD SOUTHEASTERN RE G MENTAL HL CUMBERLAND CO M	11 8536 8505 8599 1588 8599	133 30 1077 160 133 243 149	CLIENT NOT ELIGIBLE ON SERVICE DATE ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR CLAIM DENIED DUE TO INSUFFICIE NT BUDGET DETAIL NOT COVERED BY COMBINAT TON OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLAIM DENIED. TREATMENT HAS B EEN RENDERED BY ANOTHER PROVIDER FOR THIS DATE DETAIL NOT COVERED BY COMBINAT TON OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLIENT NOT ELIGIBLE ON SERVICE DATE DUPLICATE OF CLAIM-SYSTEM DUPLICATE OF CLAIM-SYSTEM DETAIL NOT COVERED BY COMBINAT TON OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLIENT NOT ELIGIBLE ON SERVICE DATE DUPLICATE OF CLAIM-SYSTEM	24	1929	7166	5237	
3404925	SANDHILLS CENTE R FOR MH/DD SOUTHEASTERN RE G MENTAL HL CUMBERLAND CO M	8536 8505 8599 1588 8599	133 30 1077 160 133 243 149	CLIENT NOT ELIGIBLE ON SERVICE DATE ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR CLAIM DENIED DUE TO INSUFFICIE NT BUDGET DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLAIM DENIED. TREATMENT HAS B EEN RENDERED BY ANOTHER PROVIDER FOR THIS DATE DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLIENT NOT ELIGIBLE ON SERVICE DATE DUPLICATE OF CLAIM-SYSTEM DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLIENT NOT ELIGIBLE ON SERVICE DATE DUPLICATE OF CLAIM-SYSTEM DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLIENT NOT ELIGIBLE ON SERVICE DATE CLIENT NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	24	1929	7166	5237	
3404925	SANDHILLS CENTE R FOR MH/DD SOUTHEASTERN RE G MENTAL HL CUMBERLAND CO M	8536 8505 8599 1588 8599	133 30 1077 160 133 243 149	CLIENT NOT ELIGIBLE ON SERVICE DATE ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR CLAIM DENIED DUE TO INSUFFICIE NT BUDGET DETAIL NOT COVERED BY COMBINAT TON OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLAIM DENIED. TREATMENT HAS B EEN RENDERED BY ANOTHER PROVIDER FOR THIS DATE DETAIL NOT COVERED BY COMBINAT TON OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLIENT NOT ELIGIBLE ON SERVICE DATE DUPLICATE OF CLAIM-SYSTEM DUPLICATE OF CLAIM-SYSTEM DETAIL NOT COVERED BY COMBINAT TON OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLIENT NOT ELIGIBLE ON SERVICE DATE DUPLICATE OF CLAIM-SYSTEM	24	1929	7166	5237	
3404925	SANDHILLS CENTE R FOR MH/DD SOUTHEASTERN RE G MENTAL HL CUMBERLAND CO M	8536 8505 8599 1588 8599	133 30 1077 160 133 243 149	CLIENT NOT ELIGIBLE ON SERVICE DATE ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR CLAIM DENIED DUE TO INSUFFICIE NT BUDGET DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLAIM DENIED. TREATMENT HAS B EEN RENDERED BY ANOTHER PROVIDER FOR THIS DATE DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLIENT NOT ELIGIBLE ON SERVICE DATE DUPLICATE OF CLAIM-SYSTEM DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLIENT NOT ELIGIBLE ON SERVICE DATE DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLIENT ONLY ENROLLED IN TRACKI ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLIENT ONLY ENROLLED IN TRACKI ING POP GROUP. MUST ALSO BE ENROLLED IN A FUNDED POP GROUP CLAIM DENIED DUE TO INSUFFICIE	24	1929	7166	5237	
3404925	SANDHILLS CENTE R FOR MH/DD SOUTHEASTERN RE G MENTAL HL CUMBERLAND CO M	11 8536 8505 8599 1588 8599 11 21 8599	133 30 1077 160 133 243 149 147	CLIENT NOT ELIGIBLE ON SERVICE DATE ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR CLAIM DENIED DUE TO INSUFFICIE NT BUDGET DETAIL NOT COVERED BY COMBINAT TON OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLAIM DENIED BY ANOTHER PROVIDER FOR THIS DATE DETAIL NOT COVERED BY COMBINAT TON OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLIENT NOT COVERED BY COMBINAT TON OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLIENT NOT ELIGIBLE ON SERVICE DATE DUPLICATE OF CLAIM-SYSTEM DETAIL NOT COVERED BY COMBINAT TON OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLIENT ON ELIGIBLE ON SERVICE CLIENT ON TO PROVIDER AND BENEFIT PACKAGE. CLIENT ONLY ENROLLED IN TRACKI NG POP GROUP. MUST ALSO BE ENROLLED IN A FUNDED POP GROUP	24	1929	7166	5237	
3404925	SANDHILLS CENTE R FOR MH/DD SOUTHEASTERN RE G MENTAL HL CUMBERLAND CO M	11 8536 8505 8599 1588 8599 11 21 8599	133 30 1077 160 133 243 149 147	CLIENT NOT ELIGIBLE ON SERVICE DATE ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR CLAIM DENIED DUE TO INSUFFICIE NT BUDGET DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLAIM DENIED. TREATMENT HAS B EEN RENDERED BY ANOTHER PROVIDER FOR THIS DATE DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLIENT NOT ELIGIBLE ON SERVICE DATE DUPLICATE OF CLAIM-SYSTEM DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLIENT NOT ELIGIBLE ON SERVICE DATE DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLIENT ONLY ENROLLED IN TRACKI ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLIENT ONLY ENROLLED IN TRACKI ING POP GROUP. MUST ALSO BE ENROLLED IN A FUNDED POP GROUP CLAIM DENIED DUE TO INSUFFICIE	24	1929	7166	5237	

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PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL	TOTAL	
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS		FINALIZED	PAID	
3404930	JOHNSTON COUNTY	11	4	CLIENT NOT ELIGIBLE ON SERVICE					
	MNTL HLTHC			DATE					
		8599	1	DETAIL NOT COVERED BY COMBINAT	0	5	44	39	
				ION OF RECIPIENT, PROVIDER AND					
				BENEFIT PACKAGE.					
3404931	WAKE CO HUM SVC	21	871	DUPLICATE OF CLAIM-SYSTEM					
	BILLING OF								
		8505	464	CLAIM DENIED DUE TO INSUFFICIE	21	2410	4645	2235	
				NT BUDGET					
		8518	449	CLAIM DENIED, SUBMITTED BEYOND					
				FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE					
				TIGOLD THIN DOD (COLT 1 COND					
3404933	SOUTHEASTERN CT	8599	236	DETAIL NOT COVERED BY COMBINAT					
	R FOR MH/DD			ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.					
		21	172	DUPLICATE OF CLAIM-SYSTEM	5	1028	9451	8423	
		<u> </u>							
		8537	168	PROCEDURE IS NOT PAYABLE FOR Y					
				OUR PROVIDER TYPE AND SPECIALTY IN ACCORDANCE TO MEN					
3404934	ONSLOW CARTERET	8599	338	DETAIL NOT COVERED BY COMBINAT					
	BEHAV HEAL			ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.		-			+
		11	161	CLIENT NOT ELIGIBLE ON SERVICE	0	844	2609	1765	
				DATE					
		8534	90	SERVICE FACILITY LOCATION IS N OT A VALID IPRS ATTENDING					
				PROVIDER. PLEASE VERIFY THE F					
3404935	WAYNE CO MENTAL HEALTH CTR	0	0	*** NO DATA TO REPORT ***					
	ALD BILLIAGE		<u> </u>			 			+
		0	U		0	0	0	0	
3404936	WILSON-GREENE M	8505	86	CLAIM DENIED DUE TO INSUFFICIE					
	ENTAL HEALT			NT BUDGET					
		8599	2	DETAIL NOT COVERED BY COMBINAT	0	93	1350	1257	
	1			ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.		-			+
		5404	2	SEVERE DUPLICATE: SAME ATTO PR					
				OV/PCODE/TOS/DOS/MOD					
3404937	EDGECOMBE NASH MNTL HLTH C	8599	87	DETAIL NOT COVERED BY COMBINAT					
	PRILL HETH C			ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.					
		11	56	CLIENT NOT ELIGIBLE ON SERVICE DATE	0	224	1784	1560	
		21	30	DUPLICATE OF CLAIM-SYSTEM		-			
3404939	NEUSE MENTAL HE ALTH CENTER	8534	106	SERVICE FACILITY LOCATION IS N OT A VALID IPRS ATTENDING					
	LEIN CENTER			PROVIDER. PLEASE VERIFY THE F					
		8599	99	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND	0	360	1622	1262	
				BENEFIT PACKAGE.					
		70	16						
		79	46	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING					
			<u> </u>	PROVIDER TYPE AND SPECIALTY IN					
240424	D.T.M.M. G	70	000						
3404941	PITT CO MH/DD/S AS CENTER	79	200	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING					
	CILITIAN			PROVIDER TYPE AND SPECIALTY IN					
		0500	41						
		8599	41	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND	0	382	3542	3160	
	<u> </u>			BENEFIT PACKAGE.					
		7001	20	BYGDEDG MUD OND DEC 224 7 747777					
		7001	29	EXCEEDS THE ONE PER DAY LIMITA					
	1	1	1	-	1	1			

	1			T			TOTAL	TOTAL	
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS	
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID	
3404942	ROANOKE CHOWANH	8599	5	DETAIL NOT COVERED BY COMBINAT					
	UMAN SERVIC			ION OF RECIPIENT, PROVIDER AND					
				BENEFIT PACKAGE.					
		8518	3	CLAIM DENIED, SUBMITTED BEYOND	0	9	433	424	
				FILING TIMELIMIT. PRIOR					
				FISCAL YEAR DOS (JULY 1 - JUNE					
		11	1	CLIENT NOT ELIGIBLE ON SERVICE					
				DATE					
3404943	ALBEMARLE MENTA	8599	39	DETAIL NOT COVERED BY COMBINAT					
	L HEALTH CE			ION OF RECIPIENT, PROVIDER AND					
				BENEFIT PACKAGE.					
		191	29	CLIENT ID NUMBER DOES NOT MATC	9	185	2189	2004	
	1			H PATIENT NAME					
		1							
		11	28	CLIENT NOT ELIGIBLE ON SERVICE					
				DATE					
3404944	EASTPOINTE HUMA	8518	147	CLAIM DENIED, SUBMITTED BEYOND					
	N SERVICES			FILING TIMELIMIT. PRIOR					
				FISCAL YEAR DOS (JULY 1 - JUNE					
		79	99	THIS SERVICE IS NOT PAYABLE TO	3	298	11800	11502	
				YOUR SUBMITTED BILLING					
				PROVIDER TYPE AND SPECIALTY IN					
		8599	21	DETAIL NOT COVERED BY COMBINAT					
				ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.					
				BENEFIT PACKAGE.					
3404946	FOOTHILLS AREAM	8599	199	DETAIL NOT COVERED BY COMBINAT					
	ENTAL HEALT			ION OF RECIPIENT, PROVIDER AND					
				BENEFIT PACKAGE.					
		11	6.0	CLIENT NOT ELIGIBLE ON SERVICE					
		TT	67	DATE	2	410	3747	3337	
				DATE					
		0.1	2.1	DUDY TOURS OF OUR THE OVERBU					
		21	31	DUPLICATE OF CLAIM-SYSTEM					
	1	1	1						
			-						
3404957	mrn.mr. 22m. 14m.mr	0505	26	CLAIM DENIED DUE TO INSUFFICIE					
240495/	TIDELAND MENTAL	8505	36	NT BUDGET					
 	HEALTH CTR		-	NI DUDGE!	_				
—	1	1	1						
	1	0000	20	DIVIDUIDID DECCRECATIVA AMARCANEA		100	948	010	
		8800	28	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON	16	136	948	812	
			-	FUTURE RA'S.					
	-		+	FUIURE RA'S.					
		8933	15	ADTNC INELIGIBLE TO RECEIVE SE					
	+	0733	10	RVICES IN IPRS.					
	+		+	RVICES IN IFRS.					
			-						
3404979	NEW RIVER AREAM	11	2	OF TERMS NOW BY TOTAL B. ON ORDING					
34049/9		TT	2	CLIENT NOT ELIGIBLE ON SERVICE DATE					
	H/DD/SA PRO		-	DAID					
			-						
	1	8534	1	SERVICE FACILITY LOCATION IS N	0	_		_	
	1	0334	1		0	3	10	-7	
		+		OT A VALID IPRS ATTENDING PROVIDER. PLEASE VERIFY THE F					